

SERIAL NUMBER 09/093,197	FILING DATE 06/06/98	CLASS 340	GROUP ART UNIT 2736	ATTORNEY DOCKET NO.
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APPLICANT

KOLANPARAMPIL K. KURUVILLA, LANSDALE, PA.

CONTINUING DOMESTIC DATA***
VERIFIED

TM

371 (NAT'L STAGE) DATA***
VERIFIED

TM

FOREIGN APPLICATIONS***
VERIFIED

TM

FOREIGN FILING LICENSE GRANTED 06/19/98

***** SMALL ENTITY *****

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY PA	SHEETS DRAWING 3	TOTAL CLAIMS 7	INDEPENDENT CLAIMS 2
Verified and Acknowledged Examiner's Initials <u>TM</u> Initials _____					

ADDRESS

~~EDGE CONCEPTS~~
~~2121 NOBLESTOWN ROAD~~
~~SUITE 200~~
~~PITTSBURGH PA 15205~~

David L. Volk
Box 10947
Pittsburgh, PA 15236

TITLE

AUTOMATIC DOOR WARNING SYSTEM

FILING FEE RECEIVED

\$395

FEES: Authority has been given in Paper
No. _____ to charge/credit DEPOSIT ACCOUNT
NO. _____ for the following:

- ☐ All Fees
- ☐ 1.16 Fees (Filing)
- ☐ 1.17 Fees (Processing Ext. of time)
- ☐ 1.18 Fees (Issue)
- ☐ Other _____
- ☐ Credit

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APPLICANT

KOLANPARAMPIL K. KURUVILLA, LANSDALE, PA; SANTHAMMA KURUVILLA, LANSDALE, PA.

CONTINUING DOMESTIC DATA***
VERIFIED

371 (NAT'L STAGE) DATA***
VERIFIED

FOREIGN APPLICATIONS***
VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 06/19/98 ** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY PA	SHEETS DRAWING 3	TOTAL CLAIMS 7	INDEPENDENT CLAIMS 2
Verified and Acknowledged Examiner's Initials _____ Initials _____					

ADDRESS

~~DAVID L. VOLK~~
~~BOX 10947~~
~~PITTSBURGH-PA 15236~~

KOLANPARAMPIL K. KURUVILLA
133 Dawn Dr.
Lansdale PA. 19446

TITLE

AUTOMATIC DOOR WARNING SYSTEM
Q

FILING FEE RECEIVED \$395	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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